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ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
SOLID WASTE SECTION - PROGRAM DEVELOPMENT & RECYCLING UNIT  
3033 North Central Phoenix, Arizona 85012

SPECIAL WASTE MANIFEST

# 044128

GENERATOR

1. Generator's AZ ID No. EXEMPT		2. Emergency Response Notification Phone Number (800) 535-5053		
3. Generator's Name and Mailing Address BOEING REALTY CORP. 4060 LAKEWOOD BLVD. LONG BEACH, CA. 90808 Generator's Phone Number and Area Code (310) 627-3014		SITE: 1414 DENKER ST. TORRANCE, CA.		
4. Transporter 1 Company Name and Mailing Address BCL SWS 766 S. AVALON ST. AZUSA CA.		Transporter's AZ ID No. 300745		
5. Transporter 2 Company Name and Mailing Address		Transporter's Phone No. (600) 221-4232		
6. Primary Receiving Facility Name and Address (physical site location, if different) COPPER MOUNTAIN LANDFILL AVENUE 35E, COUNTY 12TH ST. YUMA, AZ. 85356		Transporter's AZ ID No.		
7. Alternate Receiving Facility Name and Address (physical site location, if different)		Transporter's Phone No.		
8. U.S. DOT description, (if applicable)(Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste).		Mark "X" if Haz. Mat.	Containers No.	Total Quantity
NON RCRA HAZARDOUS WASTE SOLID (SOIL CONTAMINATED WITH METALS)			1	18
9. Additional information on transportation, treatment, storage, or disposal WEAR PROPER PROTECTIVE EQUIPMENT. PROFILE # 12660				
10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.				

TRANSPORTER

Printed/Typed Name S.M. Stavale	Signature S.M. Stavale	MO DAY YR 10 8 97
11. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name Carlos Vasquez	Signature Carlos Vasquez	MO DAY YR 10 8 97
12. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	MO DAY YR

FACILITY

13. Discrepancy Indication Space AZ Non Haz		
14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item.		
Printed/Typed Name SHARON ROBERSON	Signature Sharon Roberson	MO DAY YR 10 09 97